

MCO Support for the End of the PHE

Q1: Has AHCCCS committed to a specific timeframe to conduct all pending renewals?

Q2: Of the risk mitigation strategies outlined in the March CMS guidance (Population-Based, Time or Age-Based, Hybrid or State-Developed), which strategy does AHCCCS plan to adopt?

Q3: Will AHCCCS define their caseload by household rather than individual level?

Q4: Does AHCCCS have a current estimate of how many members will likely no longer be eligible for Medicaid following the completion of all pending renewals and how many may transition to Marketplace coverage?

Posted 2/16/22

Q1: For the December COVID override file, what is going to be the reconciliation process when a member completes the renewal? For example, when members renew, will they come off the override file and AHCCCS will provide updates to reflect this?

Q2: Can AHCCCS describe the outreach that occurred for the members on the December COVID override file? Phone call, mailing, how many touches have already occurred?

Q3: Did AHCCCS intend to conduct outreach to the members in the monthly files?

Q4: Are the members on the monthly file those who did not respond to any RFI from AHCCCS?

Q5: In regards to the December override file with approximately 500,000 members, the number reported seems disproportionate. Do you have any insight to help us understand?

Q6: Can you please confirm whether the names on the monthly files are duplicative of the December COVID override file?

Q7: Regarding the COVID-19 override files, what can the health plans expect on a monthly basis, a full COVID override report, or just the renewals due in that given month?

Q8: How can health plans verify which members on the December list are presumptively ineligible versus those that need to respond to RFI?

A1: Has AHCCCS committed to a specific timeframe to conduct all pending renewals?

CMS has granted states up to 12 months to initiate member redeterminations after the public health emergency ends. Because AHCCCS continued the regular process of making initial eligibility determinations and renewals throughout the PHE, there is not a backlog of initial applications. The agency will divide renewals of the approximately 500,000 identified individuals across nine months from the beginning of the first month after the PHE ends. We will not initiate more than 1/9 of our total caseload in any given month.

A2: Of the risk mitigation strategies outlined in the March CMS guidance (Population-Based, Time or Age-Based, Hybrid or State-Developed), which strategy does AHCCCS plan to adopt?

AHCCCS will use a hybrid approach to renewals, processing those who are factually ineligible first, then processing those who are non-compliant or who have not responded to our requests for information. Within these two groups, the agency will work from the oldest to the newest in terms of how long the member's eligibility has been extended.

A3: Will AHCCCS define their caseload by household rather than individual level?

While the “COVID override” list of 500,000 is by individual member, AHCCCS will streamline its workflow by sending renewal notices to households. This will cut down on confusion within a household where multiple members with varying renewal dates reside.

A4: Does AHCCCS have a current estimate of how many members will likely no longer be eligible for Medicaid following the completion of all pending renewals and how many may transition to Marketplace coverage?

AHCCCS will complete renewals for all ~500,000 individuals, and only after that is complete will we know how many members are no longer eligible for Medicaid or KidsCare. These individuals fall into one of two “buckets”: 1) non-compliant to requests for information; or 2) potentially factually ineligible, meaning that at some point in the past two years we received information indicating that the member is no longer eligible.

Posted 2/16/22

A1: For the December COVID override file, what is going to be the reconciliation process when a member completes the renewal? For example, when members renew, will they come off the override file and AHCCCS will provide updates to reflect this?

For the first large COVID override report shared in December 2021, there will not be a reconciliation process back to the health plans. That member will however be removed from our internal COVID override reporting.

A2: Can AHCCCS describe the outreach that occurred for the members on the December COVID override file? Phone call, mailing, how many touches have already occurred?P?

For each member on the report shared in December, AHCCCS attempted to complete a response required renewal at some point from the beginning of the PHE to November 2021. The member or their representative did not respond to the request for additional information, nor have they logged into their HEAplus account to provide an update. Aside from the response required renewal notice sent at the time of renewal, there has been no additional outreach.

A3: Did AHCCCS intend to conduct outreach to the members in the monthly files?

Aside from the response required renewal notice sent to the member and their representative if applicable, there is no other plan for outreach directly to each member. AHCCCS has been using social media for general messaging encouraging members to update their HEAplus record.

A4: Are the members on the monthly file those who did not respond to any RFI from AHCCCS?

Yes, the ongoing monthly reports identify members who are due for a renewal in the following month and were not able to be auto-approved. We require a response from them in order to renew.

A5: In regards to the December override file with approximately 500,000 members, the number reported seems disproportionate. Do you have any insight to help us understand?

The total statewide COVID-19 overrides of about 500,000 members includes:

- Members who have not completed a renewal since the beginning of the PHE (approximately 290,000), and
- Members who may be ineligible based on information we have already received.

So the health plans' portions from the December report are only those members who have not completed a renewal since the beginning of the PHE and are part of the approximate 290,000.

A6: Can you please confirm whether the names on the monthly files are duplicative of the December COVID override file?

The members listed in the December file will not be included on the monthly reports. The monthly reports are not duplicative of the first report sent in December. To date, AHCCCS has delivered only one monthly report which includes health plan members who need to complete a response required renewal in February 2022. Each month ongoing, health plans will receive a report of members who need to complete a response required renewal in the following month.

A7: Regarding the COVID-19 override files, what can the health plans expect on a monthly basis, a full COVID override report, or just the renewals due in that given month?

The December file had all members who have not completed a renewal during the PHE as expected. Ongoing, health plans will receive a much smaller monthly file of members who are due for renewal in the following month. This file will reflect individuals who were not automatically renewed and must respond to their renewal letter.

A8: How can health plans verify which members on the December list are presumptively ineligible versus those that need to respond to RFI?

All of the members on the first large list sent in December were members who could not be auto renewed and needed to respond with additional information before we could determine whether or not they were ineligible. AHCCCS is not able to separate members who are presumptively ineligible on the December file.